		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041277

Facility Name: Alden Northmoor Rehab & HCC

Address: 5831 N. Northwest Hwy (Number) Chicago (City) 60631 (Zip Code)

County: Cook

Telephone Number: (773) 775-8080 **Fax #** (773) 775-9672

IDPA ID Number: 36-3847747

Date of Initial License for Current Owners: 03/29/96

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Steven M. Kroll **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2002 to 12/31/2002 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) Steven M. Kroll
(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	198	Skilled (SNF)	198	72,270	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	198	TOTALS	198	72,270	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	14,971	6,267	7,915	29,153	8
9	SNF/PED					9
10	ICF	26,089	5,624	75	31,788	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,060	11,891	7,990	60,941	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 84.32%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
NONE

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 3/29/96

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/1/96 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 50 and days of care provided 7,820

Medicare Intermediary AdminiStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [x] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [x] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	437,585	33,481	6,000	477,066	1,271	478,337		478,337			1
2	Food Purchase		322,260		322,260	(27,986)	294,274	10,741	305,015			2
3	Housekeeping	183,268	49,000		232,268	887	233,155		233,155			3
4	Laundry	60,279	16,628		76,907	218	77,125		77,125			4
5	Heat and Other Utilities			254,403	254,403		254,403	(2,389)	252,014			5
6	Maintenance	61,022	2,380	147,629	211,031	11	211,042	13,248	224,290			6
7	Other (specify):*											7
8	**TOTAL General Services**	742,154	423,749	408,032	1,573,935	(25,599)	1,548,336	21,600	1,569,936			8
	B. Health Care and Programs											
9	Medical Director			30,400	30,400		30,400		30,400			9
10	Nursing and Medical Records	2,347,479	157,466	4,638	2,509,583	8,387	2,517,970	(15,717)	2,502,253			10
10a	Therapy	64,673			64,673		64,673		64,673			10a
11	Activities	60,963	7,105	450	68,518	256	68,774		68,774			11
12	Social Services	28,377			28,377		28,377		28,377			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,501,492	164,571	35,488	2,701,551	8,643	2,710,194	(15,717)	2,694,477			16
	C. General Administration											
17	Administrative	142,537			142,537		142,537		142,537			17
18	Directors Fees											18
19	Professional Services			902,759	902,759		902,759	(843,023)	59,736			19
20	Dues, Fees, Subscriptions & Promotions			49,274	49,274	(16,299)	32,975	(20,921)	12,054			20
21	Clerical & General Office Expenses	491,969	18,449	225,941	736,359	17,271	753,630	(47,353)	706,277			21
22	Employee Benefits & Payroll Taxes			472,732	472,732	15,984	488,716	66,384	555,100			22
23	Inservice Training & Education											23
24	Travel and Seminar			5,131	5,131		5,131	13,359	18,490			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			47,013	47,013		47,013	9,558	56,571			26
27	Other (specify):*			(80,702)	(80,702)		(80,702)	80,702				27
28	**TOTAL General Administration**	634,506	18,449	1,622,148	2,275,103	16,956	2,292,059	(741,294)	1,550,765			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,878,152	606,769	2,065,668	6,550,589		6,550,589	(735,411)	5,815,178			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Alden Northmoor Rehab & HCC #0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation					37,024	37,024	300,479	337,503			30
31	Amortization of Pre-Op. & Org.							4,807	4,807			31
32	Interest			123,016	123,016		123,016	722,620	845,636			32
33	Real Estate Taxes							441,054	441,054			33
34	Rent-Facility & Grounds			1,482,995	1,482,995		1,482,995	(1,492,176)	(9,181)			34
35	Rent-Equipment & Vehicles			9,592	9,592		9,592	19,875	29,467			35
36	Other (specify):* Mortg. Insurance			37,024	37,024	(37,024)		82,012	82,012			36
37	**TOTAL Ownership**			1,652,627	1,652,627		1,652,627	78,671	1,731,298			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		366,580	595,986	962,566		962,566	(216,131)	746,435			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		310		310		310	(310)				41
42	Provider Participation Fee			108,405	108,405		108,405		108,405			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**		366,890	704,391	1,071,281		1,071,281	(216,441)	854,840			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,878,152	973,659	4,422,686	9,274,497		9,274,497	(873,181)	8,401,316			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(7,204)	30		9
10	Interest and Other Investment Income	(3,914)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,306)	2		13
14	Non-Care Related Interest	(29,549)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(5,231)	32		18
19	Entertainment				19
20	Contributions	(1,777)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	80,702	27		24
25	Fund Raising, Advertising and Promotional	(18,706)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule rel.party int:gl 7031	(39,266)	32		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (27,251)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(730,803)		34
35	Other- Attach Schedule	(115,127)	pg 5a	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (845,930)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (873,181)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Alden Northmoor Rehab & HCC

ID# 0041277

Report Period Beginning: 01/01/2002

Ending: 12/31/2002

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	clothing/gift shop expense: gl 6944	$ (310)	41	1
2	pac dues: gl 6955	(792)	20	2
3	legal fees for collection work	(1,221)	21	3
4	Norwood Park chamber of commerce	(95)	20	4
5	correct deferred maint exp to equal pg 22's	3,115	6	5
6	Back out utility late fee	(6,215)	5	6
7	back out prior yrs costs & late fees on Comed	(84,655)	21	7
8	back out prior yr costs in vend sett account	(23,529)	21	8
9	back out prior yr cost for Orsini in prof fees	(1,425)	19	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(115,127)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,306)	0	0	13,047	0	0	0	0	0	0	0	10,741	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(6,215)	0	3,826	0	0	0	0	0	0	0	0	(2,389)	5
6	Maintenance	3,115	0	10,191	0	0	0	(58)	0	0	0	0	13,248	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(5,406)	0	14,017	13,047	0	0	(58)	0	0	0	0	21,600	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(15,305)	(412)	0	0	0	0	0	0	(15,717)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	(15,305)	(412)	0	0	0	0	0	0	(15,717)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(1,425)	0	(841,598)	0	0	0	0	0	0	0	0	(843,023)	19
20	Fees, Subscriptions & Promotions	(21,370)	0	449	0	0	0	0	0	0	0	0	(20,921)	20
21	Clerical & General Office Expenses	(109,405)	4,200	27,867	20,520	9,465	0	0	0	0	0	0	(47,353)	21
22	Employee Benefits & Payroll Taxes	0	0	64,878	0	1,506	0	0	0	0	0	0	66,384	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	13,359	0	0	0	0	0	0	0	0	13,359	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	9,558	0	0	0	0	0	0	0	0	0	9,558	26
27	Other (specify):*	80,702	0	0	0	0	0	0	0	0	0	0	80,702	27
28	**TOTAL General Administration**	(51,498)	13,758	(735,045)	20,520	10,971	0	0	0	0	0	0	(741,294)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(56,904)	13,758	(721,028)	18,262	10,559	0	(58)	0	0	0	0	(735,411)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(7,204)	293,119	12,564	0	2,000	0	0	0	0	0	0	300,479	30
31	Amortization of Pre-Op. & Org.	0	3,061	1,672	0	0	74	0	0	0	0	0	4,807	31
32	Interest	(38,694)	706,554	52,158	0	1,576	1,026	0	0	0	0	0	722,620	32
33	Real Estate Taxes	0	436,087	4,478	0	489	0	0	0	0	0	0	441,054	33
34	Rent-Facility & Grounds	0	(1,492,879)	703	0	0	0	0	0	0	0	0	(1,492,176)	34
35	Rent-Equipment & Vehicles	0	0	19,875	0	0	0	0	0	0	0	0	19,875	35
36	Other (specify):*	0	82,012	0	0	0	0	0	0	0	0	0	82,012	36
37	**TOTAL Ownership**	(45,898)	27,954	91,450	0	4,065	1,100	0	0	0	0	0	78,671	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(29,054)	(62,907)	(124,170)	0	0	0	0	0	(216,131)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(310)	0	0	0	0	0	0	0	0	0	0	(310)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(310)	0	0	(29,054)	(62,907)	(124,170)	0	0	0	0	0	(216,441)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(103,112)	41,712	(629,578)	(10,792)	(48,283)	(123,070)	(58)	0	0	0	0	(873,181)	45

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Alden Management Services	100	See pg 6k		See pg 6k		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	lease revenue	$ 1,492,879	Northmoor Assoc		$	$ (1,492,879)	1
2	V	32	interest income-tenant	78,518	Northmoor Assoc			(78,518)	2
3	V	32	replacement reserve revenue	3,166	Northmoor Assoc			(3,166)	3
4	V	21	audit expense		Northmoor Assoc		3,700	3,700	4
5	V	21	miscell expense		Northmoor Assoc		500	500	5
6	V	33	real estate tax		Northmoor Assoc		436,087	436,087	6
7	V	26	property/liab. Insurance		Northmoor Assoc		9,558	9,558	7
8	V	32	interest on mortg note		Northmoor Assoc		650,520	650,520	8
9	V	32	interest on operating loan		Northmoor Assoc		134,552	134,552	9
10	V	36	mortgage insurance prem.		Northmoor Assoc		82,012	82,012	10
11	V	32	interest expense-tenant		Northmoor Assoc		3,166	3,166	11
12	V	30	depreciation expense		Northmoor Assoc		293,119	293,119	12
13	V	31	amortization expense		Northmoor Assoc		3,061	3,061	13
14	Total			$ 1,574,563			$ 1,616,275	$ * 41,712	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	22	employee benefits	$	Alden Management Services	100.00%	$ 64,878	$ 64,878	15
16	V	19	profess. Fees	853,899	Alden Management Services		12,301	(841,598)	16
17	V	21	g & a		Alden Management Services		27,867	27,867	17
18	V	5	utilities		Alden Management Services		3,826	3,826	18
19	V	6	maintenance		Alden Management Services		10,191	10,191	19
20	V	24	auto/travel		Alden Management Services		13,359	13,359	20
21	V	20	subscriptions/etc		Alden Management Services		449	449	21
22	V	30	depreciation		Alden Management Services		12,564	12,564	22
23	V	31	amortization		Alden Management Services		1,672	1,672	23
24	V	33	real estate tax		Alden Management Services		4,478	4,478	24
25	V	34	rent		Alden Management Services		703	703	25
26	V	35	rent-equip/vehicles		Alden Management Services		19,875	19,875	26
27	V	32	interest		Alden Management Services		52,158	52,158	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 853,899			$ 224,321	$ * (629,578)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [x] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		2	tube feeding	$ 8,647	Pyramid Health Care Services	100.00%	$ 21,694	$ 13,047	15
16	V		10	nursing supplies	17,728	Pyramid Health Care Services		2,423	(15,305)	16
17	V		39	per diem/supply fee	70,864	Pyramid Health Care Services		41,810	(29,054)	17
18	V		21	gen'l & admin.		Pyramid Health Care Services		20,520	20,520	18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 97,239			$ 86,447	$ * (10,792)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 162,438	Forum Extended Care II	100.00%	$ 124,531	$ (37,907)	15
16	V	10	House stock	1,767	Forum Extended Care II		1,355	(412)	16
17	V	39	IV	107,128	Forum Extended Care II		82,128	(25,000)	17
18	V	22	Employee benefits		Forum Extended Care II		1,506	1,506	18
19	V	21	G & A		Forum Extended Care II		9,465	9,465	19
20	V	32	Interest		Forum Extended Care II		1,576	1,576	20
21	V	33	Real estate taxes		Forum Extended Care II		489	489	21
22	V	30	Depreciation		Forum Extended Care II		2,000	2,000	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 271,333			$ 223,050	$ * (48,283)	39

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 575,961	Community Physical Therapy	100.00%	$ 451,791	$ (124,170)	15
16	V	32	Interest		Community Physical Therapy		1,026	1,026	16
17	V	31	Amortization		Community Physical Therapy		74	74	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 575,961			$ 452,891	$ * (123,070)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V		6	maintenance	$ 19,476	Alden Bennett Construction	100.00%	$ 19,418	$ (58)	15
16	V									16
17	V									17
18	V									18
19	V									19
20	V									20
21	V									21
22	V									22
23	V									23
24	V									24
25	V									25
26	V									26
27	V									27
28	V									28
29	V									29
30	V									30
31	V									31
32	V									32
33	V									33
34	V									34
35	V									35
36	V									36
37	V									37
38	V									38
39	Total				$ 19,476			$ 19,418	$ * (58)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	Floyd Schlossberg a.	President	CEO	100.00					$		1
2	Lauren Magnusson b.	Nurse Coordinator	Nursing Admin.								2
3	Terry Magnusson c.	Maint. Supervisor	Construct/maint								3
4											4
5											5
6	a. President and sole stockholder of Alden Management Services, Inc.										6
7	b. Daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										7
8	c. Son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 2/31/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services, Inc.
Street Address: 4200 W. Peterson Ave.
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773) 286-3883
Fax Number: (773) 286-3743

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		see page 8A (also on page 6A)				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Prudential		x	mortgage	$72,788.73	7/1/96	$ 9,194,000	$ 9,011,346	12/1/35	9.5000	$ 650,520	1
2	Prudential		x	operating loss loan	$12,149.00	12/1/99	1,941,500	1,903,350	12/1/38	7.0500	134,552	2
3												3
4												4
5												5
	Working Capital											
6	Ams-related party & t.s. int	x		Working Capital							61,875	6
7	Related party - FECII	X		Working Capital							1,576	7
8	Related party - CPT	X		Working Capital							1,026	8
9	TOTAL Facility Related				$84,937.73		$ 11,135,500	$ 10,914,696			$ 849,549	9
	B. Non-Facility Related*											
10	Northmoor Assoc.-revenue		x	non-care interest revenue							(3,913)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (3,913)	14
15	TOTALS (line 9+line14)						$ 11,135,500	$ 10,914,696			$ 845,636	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	423,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	421,087	2
3. Under or (over) accrual (line 2 minus line 1).	$	(1,913)	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	438,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	436,087	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1997	429,651	8
	1998	437,278	9
	1999	437,918	10
	2000	410,413	11
	2001	421,087	12

Tax estimated at a 4% increase of prior years bill.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Northmoor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0041277

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	13-06-409-017-0000	nursing home	$ 4,379.36	$ 4,379.36
2.	13-06-409-018-0000	nursing home	$ 2,448.44	$ 2,448.44
3.	13-06-409-019-0000	nursing home	$ 2,445.06	$ 2,445.06
4.	13-06-409-020-0000	nursing home	$ 2,402.29	$ 2,402.29
5.	13-06-409-021-0000	nursing home	$ 81,572.66	$ 81,572.66
6.	13-06-409-022-0000	nursing home	$ 81,360.51	$ 81,360.51
7.	13-06-409-023-0000	nursing home	$ 81,360.51	$ 81,360.51
8.	13-06-409-024,025-0000	nursing home	$ 165,118.01	$ 165,118.01
9.		Related Party - Alden Management	$ 76,052.00	$ 4,478.00
10.		Related Party - Forum	$ 8,608.00	$ 489.00
		TOTALS	$ 505,746.84	$ 426,053.84

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? ____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 83,872 B. General Construction Type: Exterior brick Frame steel Number of Stories 4

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [ ] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Nursing home	53,009		$ 1,429,683	1
2					2
3	TOTALS	53,009		$ 1,429,683	3

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	198			1994	$ 8,796,651	$ 227,120	40	$ 219,916	$ (7,204)	$ 1,522,062	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Cable installation			1996	5,704		5			5,704	9
10	Cable installation			1996	3,286		5			3,286	10
11	Fire alamr			1996	17,753	1,184	15	1,184		7,397	11
12	Install additional outlet			1997	2,108	211	10	211		1,247	12
13	Install additional outlet			1997	1,116	112	10	112		660	13
14	Install additional outlet			1997	2,668	267	10	267		1,601	14
15	Access control materials			1997	4,714	471	10	471		2,475	15
16	HVAC repair			1997	6,413	748	5	748		6,413	16
17	Phone line installation			1997	2,768	323	5	323		2,768	17
18	Phone line installation			1997	3,096	568	5	568		3,096	18
19	Equipment for security system			1998	4,170	417	10	417		2,085	19
20	Change belt on fans & airhandlers			1998	2,012	402	5	402		1,912	20
21	Wire third floor & twenty bed jacks			1998	7,189	719	10	719		3,415	21
22	Repair pump motor on elevator			1998	3,500	175	20	175		787	22
23	Install pump motor on dishwasher			1998	2,029	203	10	203		930	23
24	Install door locks			1998	8,157	816	10	816		3,943	24
25	Door system work			1998	775	78	10	78		323	25
26	Repair nurse call system			1998	275	28	10	28		115	26
27	Repair nurse call system			1998	1,032	103	10	103		430	27
28	Repair nurse call system			1998	982	98	10	98		409	28
29	Chiller			1998	52,667	3,511	15	3,511		14,337	29
30	Computer & training & installation			1998	3,158	632	5	632		3,105	30
31	Canopy constsruction			1998	73,120	4,875	15	4,875		23,155	31
32	Continue on page 12A										32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Climate Service - replace compressor	1999	$ 2,603	$ 174	15	$ 174	$	$ 694	37
38	Washtown equipment - dryer installation	1999	2,875	288	10	288		1,078	38
39	Climate Service - repair chiller pump	1999	2,940	588	5	588		2,058	39
40	Equipment INT - dryer repair	1999	130	26	5	26		91	40
41	Rykoff Sexton - coffee machine	1999	2,021	404	5	404		1,381	41
42	Equipment INT - dryer repair	1999	1,891	378	5	378		1,260	42
43	Climate Service - chiller maint	1999	3,071	614	5	614		1,996	43
44	United Communication group-phone repair	1999	1,593	159	10	159		504	44
45	Long elevator	1999	2,168	108	20	108		343	45
46	Climate service - ice machine repair	1999	1,885	189	10	189		581	46
47	Climate service - condensor repair	1999	3,579	239	15	239		795	47
48	ABC -misc. Work	2000	16,003	1,600	10	1,600		3,334	48
49	CSI-change exhaussst belt - hvac	2000	1,695	339	5	339		1,017	49
50	ABC - metla frame/heating vent	2000	2,048	102	20	102		290	50
51	ABC - misc. const. Work	2000	2,059	412	5	412		892	51
52	GT mechanical - gas line	2001	1,563	156	10	156		326	52
53	Coker services-repair washer	2001	2,013	201	10	201		369	53
54	Coker services -install gas unit	2001	4,125	413	10	413		756	54
55	DBS contracting -lawn sprinkler	2001	2,215	148	15	148		369	55
56	DBS contracting -lawn sprinkler	2001	2,575	172	15	172		372	56
57	GT mechanical -condensor fan motors	2001	1,867	124	15	124		207	57
58	CSI Corker - service on cleveland MD2224CGA1	2001	1,582	158	10	158		185	58
59	GT Mech- chiller repair (both chillers)	2002	1,435	287	5	287		287	59
60	GT Mech- credit for 5/01 inv 18186	2002	(1,259)	(70)	15	(70)		(70)	60
61	Action Fence Contractors-install 3 steel bollards	2002	1,725	115	10	115		115	61
62	ABC- Efficient Insulation Systems- insulation	2002	769	26	15	26		26	62
63	ABC- Joseph Stanger corian top repair	2002	1,632	27	10	27		27	63
64	ABC- 30' flagpole and installation	2002	2,215	65	20	65		65	64
65	ABC- Action Fence install 3 steel bollards	2002	2,011	50	10	50		50	65
66	ABC- Action Fence dumpster gate	2002	2,332	78	5	78		78	66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,078,705	$ 250,628		$ 243,424	$ (7,204)	$ 1,631,132	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	19,335		20			19,334	4
5	Leasehold Improvement-Remodeling	1980	1,208		10			1,208	5
6	Leasehold Improvement-Remodeling	1986	645		5			645	6
7	Leasehold Improvement-Remodeling	1990	404		5			404	7
8	Leasehold Improvement-Remodeling	1991	94		5			94	8
9	Leasehold Improvement-Remodeling	1993	8,304	830	10	830		8,304	9
10	Leasehold Improvement-Remodeling	1993	6,504	469	9.7	469		6,504	10
11	Leasehold Improvement-sign	1994	261	22	12	22		174	11
12	Leasehold Improvement-dryvit	1995	443	44	10	44		310	12
13	Leasehold Improvement-new ac	1999	723	48	15	48		145	13
14	Leasehold Improvement-roof	1985	972	52	19	52		922	14
15	Leasehold Improvement-roof	1994	863	58	15	58		518	15
16	Leasehold Improvement-roof	1997	819	55	15	55		328	16
17	Leasehold Improvement-roof	1998	1,390	93	15	93		464	17
18	Leasehold Improvement-parking lot asphalt	2000	111	11	10	11		33	18
19	Leasehold Improvement-hallway lighting	2001	155	16	10	16		32	19
20	Leasehold Improvement-DAI	2001	195	19	10	19		38	20
21	Leasehold Improvement-bathrooms	2002	687	69	10	69		69	21
22	Leasehold Improvement-Remodeling	2002	98	20	5	20		20	22
23	Related Party-AMS:								23
24	Leasehold Improvement-Remodeling	1993	4,266		7			4,266	24
25	Leasehold Improvement-Remodeling	1994	2,112		7			2,112	25
26	Leasehold Improvement-Remodeling	2002	5,221		7				26
27									27
28									28
29									29
30									30
31									31
32	Related Party-Forum Ext. Care	1999	1,764	360	40	360		543	32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,135,279	$ 252,794		$ 245,590	$ (7,204)	$ 1,677,599	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,168,631	$ 85,111	$ 85,111	$	varies	$ 545,031	71
72	Current Year Purchases	31,019	2,282	2,282		varies	2,282	72
73	Fully Depreciated Assets	57,756	730	730		varies	57,756	73
74								74
75	TOTALS	$ 1,257,406	$ 88,123	$ 88,123	$		$ 605,069	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	'98-'02	'98-'02	$ 12,336	$ 3,790	$ 3,792	$ 2	3	$ 9,992	76
77										77
78										78
79										79
80	TOTALS			$ 12,336	$ 3,790	$ 3,792	$ 2		$ 9,992	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 11,834,704	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 344,707	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 337,505	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (7,202)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,292,660	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	n/a	$ n/a	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Northmoor Associates- a related party

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [x] NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [x] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 4/1/96
Ending 3/31/06

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/03	$ 1564k
13.	12/31/04	$ 1564k
14.	12/31/05	$ 1564k

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [x] NO

16. Rental Amount for movable equipment: $ 11,096 Description: copy machine lease=9592, postage meter=1504.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	related party-		$	$	17
18	see pg 8a…		1,656.25	19,875	18
19					19
20					20
21	TOTAL		$ 1,656.25	$ 19,875	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on sight

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-3	hrs	$		$ 246,749	$		$ 246,749	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			73,419			73,419	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			260,558			260,558	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	see pg 16a	# of prescrpts				101,818		101,818	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	see pg 16a					63,891		63,891	13
14	TOTAL			$		$ 580,726	$ 165,709		$ 746,435	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Alden Northmoor Rehab & HCC **#** 0041277 **Report Period Beginning:** 01/01/2002 **Ending:** 12/31/2002

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/2002 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$ 310,369	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 115,000)	1,777,421	1,777,421	3
4	Supply Inventory (priced at)	1,471	1,471	4
5	Short-Term Investments		560,461	5
6	Prepaid Insurance	7,149	20,353	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,692,923	2,607,868	8
9	Other(specify): Other a/r, accr interest receiv.	8,106	14,632	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 4,487,070	$ 5,292,575	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,429,683	13
14	Buildings, at Historical Cost		9,084,793	14
15	Leasehold Improvements, at Historical Cost	332,184	332,184	15
16	Equipment, at Historical Cost	149,393	1,164,842	16
17	Accumulated Depreciation (book methods)	(207,364)	(2,197,654)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe funded construction c	376,126	376,126	22
23	Other(specify): note receiv- tenant/refi fees		1,214,588	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 650,339	$ 11,404,562	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,137,409	$ 16,697,137	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 497,306	$ 501,118	26
27	Officer's Accounts Payable		69,926	27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	256,183	256,183	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,529	11,529	31
32	Accrued Real Estate Taxes(Sch.IX-B)		438,000	32
33	Accrued Interest Payable		65,250	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	s.t. portion of l.t. debt/due to pa	173,954	240,677	36
37	other accrued expenses/patient liab.	187,550	187,550	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,126,522	$ 1,770,233	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,318,748	1,318,748	39
40	Mortgage Payable		8,956,613	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	operating loss loan payable		1,891,360	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 1,318,748	$ 12,166,721	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,445,270	$ 13,936,954	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 2,692,139	$ 2,760,183	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,137,409	$ 16,697,137	48

***(See instructions.)**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,321,072	1
2	Restatements (describe):		2
3	adjustments made after cost report issued…	13,165	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,334,237	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	1,357,902	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 1,357,902	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 2,692,139	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,034,032	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 10,034,032	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients	67,572	5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 67,572	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	3,719	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 3,719	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	misc income	3,128	28
28a	bad debts recovered/clear old a/p	17,719	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 20,846	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,126,169	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,573,935	31
32	Health Care	2,701,551	32
33	General Administration	2,275,103	33
	B. Capital Expense		
34	Ownership	1,652,627	34
	C. Ancillary Expense		
35	Special Cost Centers	962,876	35
36	Provider Participation Fee	108,405	36
	D. Other Expenses (specify):		
37	Related party salary allocations	(506,230)	37
38	input into column 1 on schdl V.		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 8,768,267	40
41	**Income before Income Taxes (line 30 minus line 40)****	1,357,902	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 1,357,902	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return?** not yet done **If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	3,472	3,593	$ 104,602	$ 29.11	1
2	Assistant Director of Nursing	784	800	22,671	28.34	2
3	Registered Nurses	24,421	26,087	708,236	27.15	3
4	Licensed Practical Nurses	13,157	13,981	296,796	21.23	4
5	Nurse Aides & Orderlies	91,187	96,355	1,092,199	11.34	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,051	2,094	18,889	9.02	9
10	Activity Assistants	4,081	4,259	42,073	9.88	10
11	Social Service Workers	1,592	1,720	28,377	16.50	11
12	Dietician					12
13	Food Service Supervisor	1,976	2,080	33,366	16.04	13
14	Head Cook	8,054	8,510	128,232	15.07	14
15	Cook Helpers/Assistants	28,331	30,178	275,986	9.15	15
16	Dishwashers					16
17	Maintenance Workers	1,880	2,016	40,840	20.26	17
18	Housekeepers	18,423	19,513	183,267	9.39	18
19	Laundry	6,172	6,650	60,279	9.06	19
20	Administrator					20
21	Assistant Administrator					21
22	Other Administrative	7,343	7,825	154,031	19.68	22
23	Office Manager					23
24	Clerical	3,511	3,730	36,942	9.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,129	2,511	66,175	26.35	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical SS	707	720	24,763	34.39	32
33	Other(specify) alzheim. Staff	4,126	4,339	55,741	12.85	33
34	TOTAL (lines 1 - 33)	223,397	236,961	$ 3,373,465 *	$ 14.24	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	$ 6,000	1-3	35
36	Medical Director	monthly	30,400	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	monthly	4,623	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	9	438	11-3	44
45	Social Service Consultant	1	12	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	10	$ 41,473		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	n/a	$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Sevilla, M	administrator	0	52,506
executives	amdminstration	0	90,031
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 142,537

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Ams	management fee	$ 853,899
BDO Seidman	accounting fee	11,535
Ken Fisch/Greenberg	legal (non-collections)	18,384
Medicom	computer system consult	331
US Gas & Energy	utility cost analysis	5,171
Law Offices of Chicago-Kent	workers comp cases	11,798
Orsini/others	miscellaneous	1,641
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 902,759

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 71,293
Unemployment Compensation Insurance	20,321
FICA Taxes	250,597
Employee Health Insurance	26,122
Employee Meals	27,986
Illinois Municipal Retirement Fund (IMRF)*	
union, health, & welfare	68,891
dental, pension, life insur	18,272
employ.relation/miscell/backround ck/tuition	1,782
drug test, 401k match, vaccin	4,512
vacation adjustment	(1,060)
related party- FECII	1,506
related party- Ams	64,878
TOTAL (agree to Schedule V, line 22, col.8)	$ 555,100

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed)	
surety bond fees	750
Il Health Care Ass	9,713
miscellaneous	1,142
related party	449
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 12,054

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
gas, repairs, insurance	2,307
variouis Ams costs allocated to snf	1,463
Seminars-Prof.Infusion/O.C.C	470
Seminar Expense	
Compreh. Therapeutics/M. Austria	350
LifeServices Network/Dr D.DeBoer	540
related party	13,359
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,490

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	INSTALL BELTS ON A/C	5/97	$ 2,367	3	$ 789	$ 263	$	$	$	$	$	$	$
2	REPAIR AIR COMPRES	10/97	3,174	3	1,058	794							
3	REPAIR MOTOR, VENT	11/97	3,140	3	1,047	872							
4	HVAC REPAIR	6/98	2,661	3	887	887	370						
5	INSTALLL CONTRLS	7/98	3,900	3	1,300	1,300	650						
6	INSTL PHASE MONITO	7/98	4,250	3	1,417	1,417	708						
7	REPLACE COOLING FA	12/98	1,219	3	406	406	372						
8	REPAIR FAN FREQUE	12/98	446	3	149	149	136						
9	CLIMATE SER. ADJ '98	12/98	(446)	3	(161)	(149)	(136)						
10	PAINTING >1500 '99	7/99	6,870	3	1,145	2,290	2,290	1,145					
11	ABC- MISC. JOBS	7/00	3,677	3		613	1,226	1,226	612				
12	ABC- REPAIR CARPET	9/00	2,042	3		227	681	681	453				
13	ABC - MISC. JOBS	11/00	5,101	3		283	1,700	1,700	1,418				
14	PAINTING >1500 '00	7/00	5,943	3		990	1,981	1,981	990				
15	csi coker service-dishwash	6/02	2,462	3				479	821	821	342		
16	abc-sealcoat/striping	7/02	1,490	3				248	497	497	248		
17	equip int'l-dryer work	8/02	1,402	3				195	467	467	273		
18	healthcare prod-fix w/c's	8/02	1,705	3				237	568	568	332		
19	continue on page 22a…												
20	TOTALS		$ 51,403		$ 8,037	$ 10,342	$ 9,978	$ 7,892	$ 5,826	$ 2,353	$ 1,194	$	$

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1	sherwin-patch/paint/wallpa	1/02	6,102	3				2,034	2,034	$ 2,034	$ (0)	$	$
2	g&j plaster. Plastering	8/02	2,682	3				372	894	894	521		
3	jd & sons- roof repairs	8/02	1,749	3				243	583	583	340		
4	equip int'l- dryer repair	10/02	1,009	3				84	336	336	252		
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 11,542		$	$	$	$ 2,734	$ 3,847	$ 3,847	$ 1,114	$	$

Facility Name & ID Number Alden Northmoor Rehab & HCC # 0041277 Report Period Beginning: 01/01/2002 Ending: 12/31/2002

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? yes

(2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc. $9713

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 37,155 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 108,405
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 27,986 Has any meal income been offset against related costs? no Indicate the amount. $ n/a

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $ n/a

(17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: BDO Seidman, LLP The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.